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General

10.1
1979-1980

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association of american cancer institutes



Handbook on the Organization and Management of Cancer Centers

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10.1

A Plan for National Activity



association of american cancer institutes

ASSOCIATION OF AMERICAN CANCER INSTITUTES

A PLAN FOR NATIONAL ACTIVITY

Submitted by Policy and Programs Committee

REVISED: December, 1979

A PLAN FOR NATIONAL ACTIVITY

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INTRODUCTION

INTRODUCTION

The member institutions of the Association of American Cancer Institutes participated in the development of the National Cancer Program mandated by the National Cancer Act of 1971 and are fully committed to its goals. As set forth in Article II of the Association's Bylaws adopted in 1974, one of the AACI's objectives is "to provide information to Federal, State, and local governments and civic organizations concerning cancer research, lay and professional education, medical care and rehabilitation of cancer patients" (Objective 5).

The member institutes of the Association are involved in clinical therapeutic research designed to improve cancer care and treatment, and through demonstration and education programs they seek to make these improved treatment strategies available to all patients with cancer. Through fundamental research, investigators at these institutions are attempting to learn more about the basic biology of human cancer and are incorporating this new knowledge into the clinical therapeutic research programs. New knowledge is also sought concerning cancer cause and prevention and cancer control. The member institutes play a vital part in developing this new knowledge and in disseminating it to the American public.

The Association's member institutes participate in all aspects of the National Cancer Program, and the Association is therefore uniquely qualified to take a prominent leadership role in speaking on behalf of the Program.

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ASSUMPTIONS

ASSUMPTIONS

- The Association of American Cancer Institutes and its member institutions should speak with a strong and active voice in public issues and policymaking toward the furtherance of the National Cancer Program and the National Cancer Institute.
- The AACI and its member institutions should act as a central force in the implementation of the National Cancer Plan and should serve as the most cogent cancer information resource to members of Congress, the White House staff, and the staff of federal regulatory agencies for a clear understanding and better appreciation of the cancer problem.
- The AACI should strengthen its leadership role with regard to medical and public issues in the cancer community to create a broad-based consensus and unanimity of action among cancer workers throughout the country.
- The AACI should have effective Washington representation to achieve the Association's objectives regarding public issues.

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GOAL

GOAL

- To promote the best possible care of the cancer patient and the best possible scientific base for cancer research and cancer education through specific communications, representational and advocacy actions of the AACI and its member institutes, so as to establish the AACI as a visible, effective, and influential voice for the furtherance of the National Cancer Program and the missions of the Nation's cancer community;

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PRIMARY OBJECTIVES

PRIMARY OBJECTIVES - SUMMARY

- To insure and enhance federal support for funding for the National Cancer Program.
- To insure continuing renewal of the National Cancer Act with adequate funding authorizations and appropriate amendments.
- To encourage representation of cancer experts on national study groups and advisory bodies.
- To develop an informational base, monitoring capability, and alerting mechanisms for initiation of timely Association response to public issues.

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PRIMARY OBJECTIVES/ACTIVITIES

PRIMARY OBJECTIVES

- 1) To insure and enhance federal support for funding for the National Cancer Program and implementation of the ongoing five-year plan.*

Suggested activities:

- (1) Analyze on a continuing basis funding patterns and assess future needs for effective implementation of the ongoing five-year plan.
- (2) Prepare and deliver Association testimony, to include visual aids.
- (3) Lobby congressional representatives for support of requested budget.

* Public Health Service Act, Title IV, Part A, Sec. 410A (b): "The Director of the National Cancer Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the National Cancer Advisory Board and submit to the President for transmittal to Congress a report on the activities, progress, and accomplishments under the National Cancer Program during the preceding calendar year and a plan for the Program during the next five years"(emphasis added).

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PRIMARY OBJECTIVES/ACTIVITIES

PRIMARY OBJECTIVES (continued)

- 2) To insure the continuing renewal of the National Cancer Act of 1971 with funding authorizations to adequately support the National Cancer Program, and to secure amendments to the Act necessary to effectively carry out the Program.

Suggested activities:

- (1) Analyze in depth the present statute and determine needed amendments.
- (2) Draft legislation incorporating recommended changes in the Act.
- (3) Secure congressional sponsors.
- (4) Analyze other proposed amendments to the Act.
- (5) Prepare and deliver Association testimony in support of the recommended changes, and in opposition to amendments determined to be detrimental to the National Cancer Program and to cancer centers.
- (6) Lobby congressional representatives for support of amendments and reauthorization.

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PRIMARY OBJECTIVES/ACTIVITIES

PRIMARY OBJECTIVES (continued)

- 3) To encourage representation of cancer experts on national study groups and advisory bodies to insure the continued viability and excellence of the National Cancer Program.

Suggested activities:

- (1) Determine current membership of national study groups and advisory bodies.
- (2) Determine vacancies and submit nominations of qualified experts.
- (3) Solicit support for nominees.

- 4) To develop an informational base, the capability to monitor national health issues and legislative and regulatory activity, and a method for alerting member institutions and initiating timely and effective Association responses to insure that such legislative and regulatory actions have the most positive impact on the nation's cancer effort.

Suggested activities:

- (1) Subscribe to and review a variety of informational documents and publications dealing with national health issues, congressional activity, and regulatory actions.
- (2) Compile data on key congressional committees, members, and staff.
- (3) Maintain resource files on national health issues.
- (4) Develop and strengthen congressional, agency, and organizational contacts.

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SECONDARY OBJECTIVES

SECONDARY OBJECTIVES - SUMMARY

- To develop legislation on and enlist Congressional sponsors for a broad range of issues relating to the National Cancer Program.
- To actively support/oppose legislation developed and/or sponsored by others.
- To influence the writing of state and federal regulations impinging on cancer patient care, cancer research and cancer education.
- To continue strengthening the Association's working relationship with the President's Cancer Panel, the National Cancer Advisory Board, and the Director and staff of the National Cancer Institute.
- To continue strengthening the Association's working relationship with voluntary, professional, and academic health organizations, supporting their cancer-related programs and coordinating efforts.

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SECONDARY OBJECTIVES/ACTIVITIES

SECONDARY OBJECTIVES

- 1) To develop legislation and enlist sponsors for a broad range of topics vital to the interests of the National Cancer Program and the cancer community.

Suggested activities:

- (1) Identify public issues of paramount concern and with greatest potential for impact on the National Cancer Program and cancer centers; develop AACI working position papers on these issues.
- (2) Where indicated, draft legislation, enlist sponsors, and work for passage (including development and presentation of testimony and activation of lobby effort).

- 2) To actively support/oppose legislation developed and/or sponsored by others.

Suggested activities:

- (1) Identify issues and develop Association positions.
- (2) Develop strategies for supporting or opposing legislation.

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SECONDARY OBJECTIVES/ACTIVITIES

SECONDARY OBJECTIVES(continued)

- 3) To influence the writing of federal regulations impinging on health care, education, and research, particularly with regard to cancer.

Suggested activities:

- (1) Develop strategies for opposing or changing regulations determined to be detrimental to the National Cancer Program and/or cancer centers.
 - (2) Prepare and deliver testimony at public hearings on proposed regulations.
 - (3) Submit written comments on proposed regulations.
- 4) To continue strengthening the Association's working relationship with the President's Cancer Panel, the National Cancer Advisory Board, and the Director and staff of the National Cancer Institute to enhance and increase the Association's role in shaping the direction of the National Cancer Program and the activities of the National Cancer Institute and to assure AACI a voice in matters of interest and importance to centers.

Suggested activities:

- (1) Designate members of AACI to interface more actively with the President's Cancer Panel, National Cancer Advisory Board, and the NCI (attend meetings when appropriate, convey AACI positions, etc.).

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SECONDARY OBJECTIVES/ACTIVITIES

SECONDARY OBJECTIVES (continued)

- 5) To continue strengthening the Association's working relationship with voluntary, professional and academic health organizations (e.g., ACS, ACCC, AMA, AHA, AAMC, etc.), supporting their cancer-related programs and coordinating efforts when appropriate.

Suggested activities:

- (1) Assess the activities, representation and positions of voluntary, professional, and academic health organizations with similar interests and goals for the possibility of cooperative or coordinated efforts and participate in coalitions of interested associations when appropriate.
- (2) Designate members of AACI to interface more actively with voluntary, professional and academic health organizations through service on organization committees and other mechanisms.
- (3) Support public issues activities of such organizations (e.g., efforts to enhance funding for undergraduate and graduate biomedical, allied health, and nurse training programs) and lend expertise when requested (e.g., assisting in development of positions on issues such as saccharin and nitrite bans, ionizing radiation, etc.).

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GENERAL ACTIVITIES

SUGGESTED GENERAL ACTIVITIES

- 1) Survey AACI membership to determine
 - . acquaintance with members of Congress, NCI staff, staff of other federal agencies;
 - . public issues priorities;
 - . interest in contributing expertise to AACI position papers and working actively in AACI national effort; and
 - . other organizational roles (e.g., ACS, ASCO, ACCC, etc.).
- 2) Develop documents reflecting the history and accomplishments of cancer centers and the direction for the future.
- 3) Institute a Congressional Awareness Program to counteract criticism of the National Cancer Program, stressing the fundamental nature of the cancer problem and how it has been addressed, the achievements of the National Cancer Program and cancer centers, the role of congressional leaders, and what needs to be done. Such an awareness program might be carried out through publication of concise and informative brochures, cancer center profiles abstracting the problem at home, newsletters summarizing activities and progress around the country and commenting on national issues such as the NCI budget; an annual Legislators Cancer Conference held in Washington where cancer center directors report on the state of the art; planned visits by center directors and staff to congressional offices and visits by congressmen to centers.

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GENERAL ACTIVITIES

SUGGESTED GENERAL ACTIVITIES (continued)

- 4) Encourage each AACI member to develop public issues awareness and programs at the institutional level, planning its own goals and utilizing its own resources in coordination with the objectives of the Association. Such programs should include local, county and state, as well as national, public issues activity and should seek to involve the staff, patients, and philanthropic supporters of the institution.

Such programs should be guided by a top-level administrator with a keen interest in and knowledge of public issues who would become the institution's main contact person. An AACI working cadre composed of these contact persons should coordinate institutional public issues activity throughout the Association, regularly reporting to the Board of Directors.
- 5) Encourage each AACI member to develop educational resources for public, professional, scientific, governmental, and international audiences. Such resources should reflect the paramount role of the AACI member institution and should be presented in an institutional catalog or in an AACI joint directory.
- 6) Compile a directory of AACI member institutions to include items such as affiliations, major programs with descriptions of activities and facilities, patient statistics, budget (sources of income), personnel, departments, etc.

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CONCLUSIONS

CONCLUSIONS

- For the AACI to assume the prominent leadership role in speaking on behalf of the National Cancer Program, active participation in public issues and an investment of both time and funds are required. The commitment of resources represents a relatively small assessment when compared to the potential benefits to be received, not only through success in winning more realistic levels of support from Congress but in insuring the most appropriate and positive outcomes in a broad range of federal legislative and regulatory actions affecting biomedical research and training and health care, and cancer research, education and care specifically.
- The objectives and activities outlined in this plan require the involvement of members interested in public issues who are willing to lend their time and expertise to the Association's efforts.
- Implementation of the plan also requires the expertise of a Washington-based representative to provide guidance, assistance, and on-site support for the AACI's activities.
- Federal funds should not be expended in the implementation of this plan. It is necessary, therefore, that the portion of membership dues to the Association of American Cancer Institutes, travel costs to AACI meetings, and any other activity relating to this plan, be paid from sources other than federal funds.

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RECOMMENDATIONS

RECOMMENDATIONS

- 1) After approval by the Board of Directors of the AACI, this plan should be distributed to the Association's membership.
- 2) The plan should be implemented by the Policy and Programs Committee. The membership of this committee should be composed of persons with expressed interest in public issues activity.
- 3) The Association should employ a Washington-based representative to guide and assist in the implementation of the plan. Factors to consider in selecting a representative should include other groups represented; conflicts of interest; knowledge of the problems of cancer, the National Cancer Program, and cancer centers; record of accomplishment and reputation; services offered; and fees.
- 4) The Board of Directors of the Association should request each member institute to designate a staff person responsible for public issues activity.
- 5) The Association should consider the establishment of a full-time central AACI office which would facilitate the work of the Washington representative, as well as provide other support services to the membership and conduct the day-to-day business of the Association. Until such an office can be established, the Association should continue to rely on its member institutions to carry out these activities, providing reimbursement for any expenses incurred.

May 16, 1980

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To: Dr. E. A. Mirand, Secretary-Treasurer

From: Dr. G. P. Murphy, Chairman - Board of Directors

Re: Commission on Cancer, American College of Surgeons

**REPORT TO AACI FOR LIAISON FELLOW
 AMERICAN COLLEGE OF SURGEONS
 COMMISSION ON CANCER**

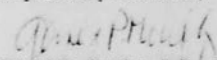
1. All Liaison Fellows to the College now have full voting and membership rights, e.g. on the Committee on Cancer program approvals. Plans are now being made to dispense with the term liaison and to list the members from each society (e.g. AACI) as full members of the Committee on Approvals.
2. There has been open discussion with members from ASCO and a formal request made that this group (as the AACI) appoint two (2) representative members to the Commission on Cancer approvals committee. Additional discussions by the Commission have been held with ASCO representatives, Dr. Mortel and Dr. B. J. Kennedy.
3. The position of the American Cancer Society regarding their own fellowship program re the requirement for an approved cancer program of the American College of Surgeons was noted. This is a decision by the American Cancer Society and not the Commission. It is understood that this current policy is under discussion by the American Cancer Society.
4. A revised, new Cancer Program Manual and a revised, new Cancer Registry Manual are being prepared and will be released soon.
5. A proposal to revise or reconsider the various categories of the cancer program (e.g. I, II, III, S) has been received, discussed, and referred to an ad hoc committee for view and study. This body will report back to the approvals committee and the Commission at the next scheduled meeting, October 1980, in Atlanta at the time of the annual American College of Surgeons meeting.

May 16, 1980

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6. There are currently over 860 approved cancer programs in the United States.
7. A proposal from Dr. Laszlo of Duke was received and discussed. This resulted in a Motion as follows: "Resolved that the Commission on Cancer require a 90% followup of analytic cancer cases for 10 years, but continues to encourage lifetime followup." The measure has been tabled for further discussion and study by the Executive Board of the Commission.
8. A revised certificate of approvals for each hospital is being prepared.
9. On July 17-19 in Chicago Dr. Smart will conduct a limited demonstration of a new mini-computer program for hospital registrars. Attendance is limited due to space and time. More information on this interesting and valuable program can be obtained from Dr. C. Smart.
10. A nation-wide meeting of the Regional and State field liaison fellows was conducted by the Chairman, Dr. Ronald C. Jones, in Chicago April 15-16.
11. The agenda of the meeting and another document of the committee on approvals is attached.

Respectfully submitted,


Gerald P. Murphy, M.D., D.Sc.
Representing
Association of American Cancer
Institutes

cc: Dr. A. Mauer
Dr. C. Smart
Dr. R. Steckel

American College of Surgeons



25 EAST WABE STREET CHICAGO, ILLINOIS 60611

AREA CODE 312 -- 664-4050 CABLE AMERCOLSUR

COMMITTEE ON APPROVALS

San Francisco, California

May 11, 1980

AGENDA

- I. Call to Order, Robert J. McKenna, M.D., Chairman
- II. Review and Decision of Hospital Cancer Programs Surveyed from January 1, 1980 through April 15, 1980.
- III. Review and Discussion on the Revised Cancer Program Manual and the Cancer Registry Manual.
- IV. Report by Charles R. Smart, M.D., Director, Cancer Department
 - a. Discussion of American Cancer Society Fellowships requiring hospitals to have an approved cancer program.
 - b. Report on the Mini-computer Program.
 - c. Memorandum on Percentage required for Follow-up.
(See Dr. John Laszlo's Letter)
 - d. Memorandum on Categorization of Hospitals.
- V. Revised Certificate of Approvals.
- VI. Report on the Field Liaison Meeting in Chicago held April 15-16, 1980 by Ronald C. Jones, M.D., Chairman.

Meeting Adjourned

Next meeting to be held: October 17, 1980 - Atlanta

an

AMERICAN COLLEGE OF SURGEONS - APPROVED CANCER PROGRAMS

TABULATION OF COMPLETED FOLLOW-UP REPORTS

as of December 31, 1979

amr/acn
revised 4/11/80

ST CITY	HOSPITAL	APPROVED SURGEONS		CANCER PROGRAMS		TOTAL LIVING
		REF- ERRING PHYSICIAN	APPROVED NUMBER SURGEONS	REF- ERRING PHYSICIAN	APPROVED NUMBER SURGEONS	
2						

[illegible]

AMERICAN COLLEGE OF SURGEONS APPROVED CANCER PROGRAMS

ST	CITY	HOSPITAL	FISCAL YEAR	HOSPITAL STATUS	APPROX. NO. OF MEDS. ADMIN. ANNUALLY	TOTAL CASES	NOT DEAD	ACTIVE	TOTAL	LIVING
			1-0-0002-				DEAD	13 MO		TO END
CT	MERIDEN	MERIDEN-WALLINGFORD HOSPITAL	00-03100	1	PA 2	285	154	810	2242	582
CT	NEW HAVEN	YALE-NEW HAVEN HOSPITAL	00-04000	1	PA 2	802	1465	810	9974	6553
CT	NEW HAVEN	HOSPITAL OF ST. RAPHAEL	00-04100	1	PA 3	482	1003	21006	52756	3919
CT	NEW HAVEN	GRACELAND HOSPITAL	00-05100	1	PA 1	405	650	10106	3819	3252
CT	STAMFORD	ST. JOSEPH'S HOSPITAL	00-06100	1	PA 2	260	283	19228	3819	1876
CT	STAMFORD	CHARLOTTE HOB. HOFORD HOSPITAL	00-07100	1	PA 1	300	581	95800	2609	2515
CT	STAMFORD	ST. MARY'S HOSPITAL	00-08000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-09000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-10000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-11000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-12000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-13000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-14000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-15000	1	PA 1	300	581	95800	2609	2515
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CT	WATERBURY	WATERBURY HOSPITAL	00-18000	1	PA 1	300	581	95800	2609	2515
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CT	WATERBURY	WATERBURY HOSPITAL	00-75000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-76000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-77000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-78000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-79000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-80000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-81000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-82000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-83000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-84000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-85000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-86000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-87000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-88000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-89000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-90000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-91000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-92000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-93000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-94000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-95000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-96000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-97000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-98000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-99000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-100000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-101000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-102000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-103000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-104000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-105000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-106000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-107000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-108000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-109000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-110000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-111000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-112000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-113000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-114000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-115000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-116000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-117000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-118000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-119000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-120000	1	PA 1	300	581	95800	2609	2515
CT	WATERBURY	WATERBURY HOSPITAL	00-121000	1						

[illegible]

AMERICAN COLLEGE OF SURGEONS

APPROVED CANCEL PROGRAMS

09/11/90

[illegible]

AMERICAN COLLEGE OF SURGEONS	APPROVED	CANCEL	PROGRAMS	4/11/80
0301PT				

[illegible]

CITY	HOSPITAL	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000
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HOSPITAL AMERICAN COLLEGE OF SURGEONS APPROVED CANCER PROGRAMS 4/11/80

ST	CITY	HOSPITAL	1-D NOZ.	REF - CRNCE GRP. DATE	APP - ROVAL STATUS	NUMBER OF BEDS	NEW CASES ANNUALLY	TOTAL CASES REG.	NOT ALIVE DEAD	ALIVE PAST 13 MO	TOTAL LIVING KNOW TO FU	LOST TO FU	
WI	WOOD	VETERANS ADMINISTRATION CENTER	55-23800	11	57	1 YR	932	506	1860	1087	1020	67	48
NY	CHEYENNE	DR. PAUL HOSPITAL	55-00854	111	65	1 YR	121	105	1197	622	556	66	545
WY	CHEYENNE	MEMORIAL HOSP OF LARAMIE CITY	55-00500	111	68	1 YR	179	167	1683	728	626	102	640

413070 1891582 269822 542 1442
 118650 5116627 1605554

851 TOTAL ENTRIES

10.1

1) the info
2) the file
3) the

The American Association of Cancer Institutes held its first Special Symposium on Educational Problems and Solutions Unique to Cancer Centers at the conclusion of the 14th Annual Meeting of the American Association for Cancer Education in Louisville on October 4, 1980. The symposium was initiated by the efforts of the Task 11 Committee on Education of the AACI under the direction of committee chairman Dr. John Spratt of the University of Louisville's Cancer Center. The committee's purpose is to identify and review existing educational programs and establish patterns of collaboration and resource sharing between cancer centers.

As background for the workshop Dr. Spratt reported the results of the Task 11's initial survey of the status of educational programs in cancer centers. The survey identified a great diversity and range of educational programs reflecting the fact that most cancer centers did not evolve primarily with an educational mission in mind. Thirty of the forty cancer centers who responded had an educational director or coordinator but very few centers had established methodology for establishing critically educational objectives or conducting evaluations of their programs. Educational planning was weak in most cancer centers. This symposium and future workshops will be directed toward increasing the communication between cancer centers on educational issues and to developing uniform, effective methods for establishing objective-oriented educational plans.

The program featured thirteen presentations from eight different cancer centers representing all areas of the country. The four general areas of discussion included general principles for Cancer Center educational programs, hospital-based programs, the cancer center - community interface, and public attitudes towards cancer.

There were three invited presentations. Dr. Ed Mirand, who is also a Task 11 committee member, outlined the scope and structure of the educational programs that the Roswell Park Memorial Institute offers to medical students, predoctoral students, residents and fellows, nursing and allied health students, staff members, high school students and teachers, community residents, and the western New York State medical community. This extensive experience is available as a valuable resource to other centers in lesser stages of development. Dr. Roger Bell discussed the fundamentals of planning and evaluating an educational program using the computer-assisted program he helped develop for the University of Louisville's Psychiatry Department as a reference model. Particular attention was paid to the extensive "front-end" analysis required to establish an effective program. Dr. Curtis Mettlin, director of Graduate Studies and Epidemiology at the Roswell Park Memorial Institute, concluded the morning session by describing the challenge involved in meeting the educational needs of the medical community and the public concerning cancer education. Cooperation and resource sharing were stressed as important aspects of our ability to meet this challenge.

The afternoon session featured presentation of three established educational programs that have been well received: The I Can Cope course developed by Dr. Judith Johnson and her staff at the North Memorial Medical Center of Minneapolis; a breast health program used by Ms. Doris Molbo at the University of Washington; and a set of patient teaching materials for chemotherapy patients also developed at the North Memorial Medical Center by Ms. Jean Moke and staff. Experiences associated with the initiation of three community programs were shared. Ms. Mary Beth Prendergast of the Boston School of Medicine discussed their multidisciplinary course package

which is presented to community hospitals utilizing members of their physician, nursing, occupational and physical therapy, and social work staffs.

Dr. Benham Kahn of the Hahnemann Medical College outlined initial efforts to develop a program to help secondary school science teachers establish preventative oncology courses for students. Dr. Peter Mansell from the Florida Comprehensive Cancer Center shared his experiences encountered in trying to establish cancer educational programs for local groups of public health nurses to help cancer patients return to their communities sooner.

Dr. Charles Winkler outlined the way the University of Louisville has modified its oncology program to better serve the needs of the community physicians in Western Kentucky while still continuing a high quality teaching program for medical students, residents, and fellows and obtaining research material.

The Symposium concluded by examining the attitudes of several defined populations towards cancer. Dr. Danielle Turns of the Psychiatry Department of the University of Louisville presented the effects of screening industrial workers for a work-related malignancy. The psychosocial implications were more profound than initially realized and it was recommended that such screening not be undertaken without extensive preparation. Ms. Cynthia Leedham reported the results of her review of cancer education material available to the public through magazine articles, public libraries, and community bookstores. Dr. Norbert Burzynski, Chairman of the Department of Dentistry at the University of Louisville, presented his data collected from dental students and dental auxiliary students concerning their views of how oral cancer patients perceive their illness. He found that they do not hold consistent opinions, suggesting they do not understand how their patients view their illness.

This symposium is the first attempt to bring members of the cancer centers across the country together to exchange specific program ideas, resources, and their public's concerns and attitudes. Future workshops will be established and individual institutions are encouraged to write to Dr. John Spratt to suggest topics of concern.



The University of Texas
Graduate School of Biomedical Sciences at Galveston

OFFICE OF THE DEAN
Telephone (713) 765-2665

December 5, 1979

Dr. R. Lee Clark
President Emeritus
UT System Cancer Center
Texas Medical Center
Houston, Texas 77030

Dear Lee:

At the last meeting of the AACI Planning Committee you asked me to identify for you early publications on cancer centers. The seminal papers on the question of organized cancer centers and also the then-official position as enunciated by me are contained in a special issue of Cancer, Volume 29, pages 819 through 916, 1972. My paper states my official position as associate director for extramural programs of the National Cancer Institute and, interestingly enough, contains the first official use of the word "comprehensive" as applied to organized cancer centers. When the newly formed advisory cancer board was organized and when Benno Schmidt voiced a desire to designate certain cancer centers the term "comprehensive" was the one used in describing such activities.

The other papers referring to cancer centers at a later date were contained in Frontiers of Radiation Therapy and Oncology, Volume 8, pages 55-75, 1973. The program of the newly organized division of cancer grants of which I was director was described by me and the planning activities were described by David Herring with whom I had worked very closely in attempting to define the proper role of an outside group in relation to the evolution of cancer activities in various institutions throughout the country.

In order to save you the problem of digging these out of the library I am enclosing a reprint of each set of papers. I believe you already have a reprint of my editorial in Hospital Practice which appeared last year.

Please let me know if I can provide any additional information.

Sincerely yours,

Palmer

J. Palmer Saunders, Ph.D.
Professor of Pharmacology
Dean of the Graduate School

JPS/kls
Encls

M. D. Anderson Hospital
U. T. System Cancer Center

*3/5/80 found in a book -
should have responded -
too late for.*

RECEIVED
Office of the President Emeritus

DEC 10 1979

low etc.

10.1

CROSS REFERENCE

SEE FILE

20.2 - American Blood Commission

FOR PERTINENT INFORMATION DESCRIBED BELOW:

LETTER



MEMO

OTHER

FROM

Mr. E. A. Miranda

TO

R. L. Clark

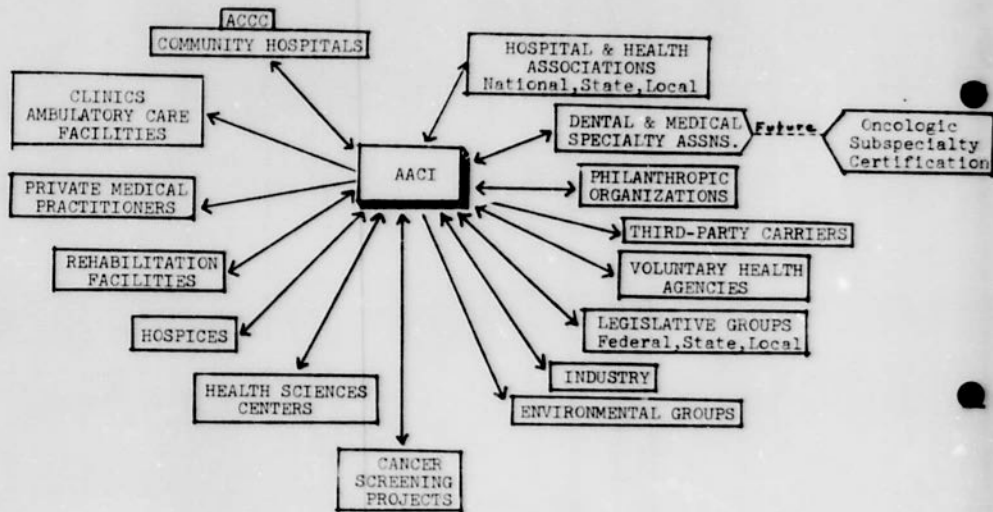
DATE

4-9-79

SUBJECT

Representative from ABCI to Blood Commission

AACI ACTIVITIES
DIRECT AND INDIRECT INFLUENCE





9-25-79

MURRAY M. COPELAND, M. D.
VICE PRESIDENT
UNIVERSITY CANCER FOUNDATION

Dr. R. Lee Clark:

For your information.

✓

PSF(1-105)



SCANNER

ROSSELL PARK MEMORIAL INSTITUTE
666 ELM STREET · BUFFALO, NEW YORK 14263
SUMMER 1979

Roswell Park Record Mail Volume Handled with Energy and Zip



Mrs. Jean Cieschka, foreground, and Mrs. Norma Brown, supervisor, take part in morning ritual of sorting mail destined for Roswell Park staffers in 75 departments. RPMI's Mail Room handles approximately 15,000 pieces of mail a day.

Question? What does Roswell Park Memorial Institute, the State University of New York at Buffalo (SUNYAB), and National Fuel Gas (NFG) have which no other industry, college, medical facility, or governmental agency in Western New York has?

Answer: a special zip code.

Zip codes are normally assigned by the U.S. Post Office to designate geographical areas but when an organization generates an unusually large volume of mail, it gets a special number. And there is no doubt about RPMI's mail volume.

RPMI's 14263 zip is seen on approximately 15,000 pieces of mail daily.

It outranks NFG's 14264 zip which averages 10,000 pieces daily; but is second to SUNYAB's two zips 14260 and 14261, which account for approximately 30,000 daily pieces. However, SUNYAB serves two campuses and

approximately 20,000 students.

According to Mrs. Norma J. Brown, senior mail clerk who oversees the daily delivery and distribution of RPMI mail, the postage meter charges for outgoing mail averages \$9,000 a month or a whopping \$108,000 a year. And this does not include items handled and shipped through the RPMI Shipping Department via Parcel Post.

The mail usually arrives in the basement mailroom in the Main Building between 8 and 9 a.m. in 10 large postal bags. By 10 a.m. the six employees have sorted the mail and started delivering it to 150 different destinations in 75 departments at RPMI. This includes inter-office communications as well. Another delivery of inter-office communications takes place in the afternoon as well.

Mail delivery to patients in the hospital is done by volunteers from the Volunteer Services Department.

Butler Hall Pot Luck Supper Aids Patients

Good food, good companions and good music all combined to make Roswell Park Memorial Institute's International Pot Luck Supper and Dance on June 2 at Butler Hall a huge success.

The event, arranged by wives of staff members at RPMI, raises funds for a variety of activities at Butler Hall for the benefit of patients and their families.

Spicing the supper menu were a seemingly endless array of mouth-watering dishes, prepared by staff member wives representing their varied ethnic and nationality backgrounds.

Checkered table cloths and wine bottles for candle holders were donated by Chef's Restaurant, providing a delightful Parisian cafe atmosphere.

Music for dancing was furnished by the Herb Griffin and G.I.T. Quartette. RPMI's own Les Davis, of the Medical Viral Oncology Department, presided at the piano keyboard.

General chairwoman was Mrs. Sandra Styles, former surgical nurse

... continued Page 10

"They're a great help and we appreciate having them," said Mrs. Brown.

To avoid delay and insure prompt delivery Mrs. Brown has a few simple rules to follow. All mail should be in the mail room by 4:45 p.m. All first class mail should be so marked. Be sure the return address lists a name or department in addition to the regularly printed RPMI designation.

"Follow this and you have my stamp of approval," says Mrs. Brown.

10.1

ORGANIZATIONAL STRUCTURE OF THE HOWARD UNIVERSITY CANCER CENTER

